


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER <u>006-142</u>	2. PERIOD COVERED MO DAY YEAR From <u>01 01 2000</u> Through <u>12 31 2000</u>	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	IMPORTANT Peel off the address label from the back of the package and place it here. If the label information is correct, leave Items 4 through 8 blank. If any of the label information is incorrect, complete Items 4 through 8.		
4. AFFILIATION OR ORGANIZATION NAME <u>PRODUCTION SERVICE + SALES DISTRICT COUNCIL</u>		8. MAILING ADDRESS (Type or print in capital letters.) First Name <u>JOHN</u> Last Name <u>BARTOLOTTA</u> P.O. Box • Building and Room Number (if any) _____ Number and Street <u>9201 4TH AVENUE</u> City <u>BROOKLYN</u> State <u>NY</u> ZIP Code + 4 <u>11209</u>	
5. DESIGNATION (Local, Lodge, etc.) <u>LOCAL</u>	6. DESIGNATION NUMBER <u>422-S</u>		
7. UNIT NAME (if any) <u>UFCW AFL-CIO</u>			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>			

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number	Description
11	PRODUCTION SERVICE AND SALES DISTRICT COUNCIL HEALTH FD # 11-1889115
11	PRODUCTION SERVICE AND SALES DISTRICT COUNCIL PENSION FD # 11-2006994
13	OFFICE EQUIPT WAS LEFT AT FORMER PREMISES FOR DISPOSAL. EQUIPMENT WAS OUT MODED AND HAD NO MARKET VALUE
14	ABE STEINBERG, C.P.A. 50 MERRICK ROAD ROCKVILLE CENTER N.Y. 11570

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)			
76. SIGNED: <u>[Signature]</u> <u>3/12/01</u> <u>01 (718) 491-4700</u> Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED: <u>[Signature]</u> <u>3/19/01</u> <u>(718) 491-4700</u> Date Telephone Number	SECU TREASURER (If other title, see instructions.)

During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions? ☐ Yes ☒ No
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ☒ Yes ☐ No
12. Have a political action committee (PAC) fund? ☐ Yes ☒ No
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ☒ Yes ☐ No
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ☒ Yes ☐ No
15. Discover any loss or shortage of funds or other property? ☐ Yes ☒ No
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ☐ Yes ☒ No
17. Liquidate or reduce any liabilities without disbursement of cash? ☐ Yes ☒ No

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 1904
19. What is the date of your organization's next regular election of officers? MO 12 YEAR 2003
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 15,000
21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 18-23.50 per MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ 50-100
(c) Transfer Fees	\$
(d) Work Permits	\$ per (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ☐ Yes ☒ No
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ☐ Yes ☒ No
24. Did your organization have any contingent liabilities at the end of the reporting period? ☐ Yes ☒ No

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 006-142

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS		From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item				
ASSETS	25. Cash			34,531	23,061
	26. Accounts Receivable			0	0
	27. Loans Receivable	1		0	0
	28. U.S. Treasury Securities			0	0
	29. Investments	2		0	0
	30. Fixed Assets	5		0	902
	31. Other Assets	3		0	0
	32. TOTAL ASSETS			34,531	23,963
LIABILITIES	LIABILITIES		From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	Item				
	33. Accounts Payable			13,332	4,089
	34. Loans Payable	8		0	0
	35. Mortgages Payable			0	0
	36. Other Liabilities	4		105	517
	37. TOTAL LIABILITIES			14,037	4,606
38. NET ASSETS (Item 32 less Item 37)				20,494	19,357

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 006-142

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues			509 967	56. To Officers	9		137 143
40. Per Capita Tax			0	57. To Employees	10		0
41. Fees			0	58. Per Capita Tax			222 674
42. Fines			0	59. Fees, Fines, Assessments, etc.			0
43. Assessments			0	60. Office & Administrative Expense	13		224 76
44. Work Permits			0	61. Educational & Publicity Expense ...			0
45. Sale of Supplies			0	62. Professional Fees			143 67
46. Interest			0	63. Benefits	11		268 50
47. Dividends			0	64. Contributions, Gifts & Grants	12		122 5
48. Rents			0	65. Supplies for Resale			0
49. Sale of Investments & Fixed Assets	6		0	66. Direct Taxes			127 26
50. Loans Obtained	8		0	67. Withholding Taxes			452 16
51. Repayments of Loans Made	1		0	68. Purchase of Investments & Fixed Assets	7		961
52. On Behalf of Affiliates for Transmittal to Them			250	69. Loans Made	1		0
53. From Members for Disbursement on Their Behalf			0	70. Repayment of Loans Obtained	8		0
54. Other Receipts	14		418	71. To Affiliates of Funds Collected on Their Behalf			949 3
				72. On Behalf of Individual Members ...			0
				73. Other Disbursements	15		289 14
55. TOTAL RECEIPTS			510 635	74. TOTAL DISBURSEMENTS			522 105

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER:

006-142

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	0	0	0	0	0
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div>Enter the Totals from Line 6 in</div> <div> <div>↑</div> <div>Item 27</div> <div>Column (A)</div> </div> <div> <div>↑</div> <div>Item 69</div> </div> <div> <div>↑</div> <div>Item 51</div> </div> <div> <div>↑</div> <div>Item 75</div> <div>with Explanation</div> </div> <div> <div>↑</div> <div>Item 27</div> <div>Column (B)</div> </div> </div>					

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in Item 29, Column (B)	

FILE NUMBER: 006-142

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 006-142

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	961	59	902	902
7. Other Fixed Assets				
8. Totals of Lines 1 through 7			902	
Enter the Total from Line 8, Column (D) in Item 30, Column (B)				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
		7. Less Reinvestments		
		8. Net Sales		0
Enter the Total from Line 8 in Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 006-142

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. FURNITURE - OFFICE	647	647	647
2. CHAIRS	314	314	314
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
	7. Less Reinvestments		
	8. Net Purchases		961

Enter the Total from Line 8 in ↑
Item 68

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0

Enter the Totals from Line 6 in ↑
Item 34
↑
Item 50 ↑
Item 70 ↑
Item 75 ↑
Item 34
Column (C) with Explanation Column (D)

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 006-142

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. BARTOLOTTA JOHN Title PRESIDENT Status C		97 950	0	21 39	0	100 089
2. LOVELL JOSEPH Title SECY. TREASURER Status C		80 804	0	1 238	0	82 042
3. DE LACRUZ ELSA Title VICE PRESIDENT Status C		0	0	0	0	0
4. GREEN BEATRICE Title REC-SECRETARY Status C		0	0	0	0	0
5. RIVERA NELSON Title TRUSTEE Status C		0	0	0	0	0
6. Title Status		0	0	0	0	0
7. Title Status		0	0	0	0	0
8. Totals from additional pages (if any)						
9. Totals of Lines 1 through 8		178 754		33 77		182 131
Enter the Total from Line 11 in Item 56 ➡				10. Less Deductions 44 988		
				11. Net Disbursements 137 143		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 006-1142

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>			Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>							
(C) Name of Affiliated Organization <small>(if applicable)</small>							
Last Name	First Name						
1.							
	Position						
	Name of Affiliated Organization						
2.							
	Position						
	Name of Affiliated Organization						
3.							
	Position						
	Name of Affiliated Organization						
4.							
	Position						
	Name of Affiliated Organization						
5.							
	Position						
	Name of Affiliated Organization						
6. Totals from additional pages <small>(if any)</small>							
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates							
8. Totals of Lines 1 through 7							
					9. Less Deductions		
Enter the Total from Line 10 in..... Item 57 ⇨					10. Net Disbursements		

SCHEDULE 11 — BENEFITS

FILE NUMBER: 006-142

Description (A)	To Whom Paid (B)	Amount (C)
1. PENSION BENEFITS	PSSDC PENSION FUND	9709
2. GROUP LIFE INSURANCE	ALLMERICA FIN; N.AMER BEN.	457
3. MEDICAL INSURANCE	BLUE CROSS/BLUE SHIELD	14681
4. PRESCRIPTION PROGRAM	GEN. PRESCRIPTION PROGRAM	2003
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		26850
Enter the Total from Line 6		Item 63


SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. J.L.C NATL TRADE UNION	500
2. UNITED CEREBRAL PALSY	75
3. NO ITU EDUC. FUND	200
4. JEWISH HERITAGE MUSEUM	200
5. FRIENDS-ROBERT DICARLO	250
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	1225
Enter the Total from Line 8 in Item 64	


SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. RENT	12895
2. TELEPHONE	4086
3. STATIONERY, PRINTING, POSTAGE	5299
4. COPY MACHINE EXPENSE	196
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	22476
Enter the Total from Line 8 in Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. FED UNINS TAX REFUND	168
2. MEETING HALL-REFUND	250
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	418
Enter the Total from Line 17 in  Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. ORGANIZING-SICES RENDERED	18552
2. DUES INITIATION REFUND	8348
3. FLOWERS CONDOLENCE	349
4. INTEREST CHARGE	3
5. HARDSHIP CASE	100
6. XMAS EXPENSE	1722
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	28914
Enter the Total from Line 17 in  Item 73	